

File with:
Iowa Ethics and Campaign
Disclosure Board
610 E. 12th, Ste. 1A
Des Moines, Iowa 50318
Fax: 515-281-4073

FOR INSTRUCTIONS, SEE BACK OF FORM
DISCLOSURE SUMMARY PAGE

JAN 22 2003

COMMITTEE NAME (Must be same as on Statement of Organization)

Van Lancker for Auditor

IMPORTANT: Indicate by # type of committee you are reporting for: 5

(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC
(11) Local Ballot Issue

CANDIDATE COMMITTEES ONLY:

Candidate Name

Eric W. Van Lancker

Political Party (if applicable)

Office Sought

Clinton County Auditor

District (if Senate or House)

FORM DR-2 (Rev. 07/2007)	DISCLOSURE REPORT
For Office Use Only	
Comm. #	_____
Logged In	_____
Scanned	_____
Computer	_____
Audited	_____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a

888 JLL (563) 243-1243 1/22/08
SIGNATURE OF PERSON FILING REPORT **TELEPHONE** **DATE SIGNED**

I AM FILING A January 19 REPORT FOR (1) ELECTION / (2) NON-ELECTION YEAR.
(report date) Indicate by # 1

☐ CHECK IF AMENDMENT TO REPORT DATED _____

☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committee, enter Date of Election
11/4/08
County & Local Committee, enter County in
which Election is held
Clinton

STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)

\$ 0.00

ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A) ("also see in-kind below")

2,825.00

Schedule F: Loans Received total (Attach Schedule F)

500.00

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0.00

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL \$ 3,325.00

SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B) ("also see debts and loans below")

546.55

Schedule F: Loan Repayments total (Attach Schedule F)

0.00

CASH ON HAND at the end of this reporting period (if final report balance must be zero)

\$ 2,778.45

****UNPAID BILLS** (From Schedule D - Attach Schedule D)

\$ 0.00

****IN KIND CONTRIBUTIONS** (From Schedule E - Attach Schedule E)

\$ 0.00

****OUTSTANDING LOANS** (From Schedule F - Attach Schedule F)

\$ 500.00

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES X NO

CANDIDATE COMMITTEES ONLY:

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$ 0.00

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN
(Including candidate's personal funds)**COMMITTEE NAME** (Must be same as on Statement of Organization)Van Lancker for Auditor

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
10/18/07	ID# CK#	Steven E. Thacker 1524 12th Avenue North Clinton, IA 52732		\$ 100.00	<input type="checkbox"/>
10/18/07	ID# CK#	Ken Golden 2270 Daleview Drive Marion, IA 52302	Father-in-law	50.00	<input type="checkbox"/>
11/5/07	ID# CK#	Larry Van Lancker Van Lancker 1624 23rd Street NW Cedar Rapids, IA 52405	Father Donor	300.00	<input type="checkbox"/>
11/5/07	ID# CK#	Charles A. Sheridan 814 13th Avenue North Apt 5C Clinton, IA 52732		100.00	<input type="checkbox"/>
11/13/07	ID# CK#	Brian D. Danielson 805 SE Hackley Avenue Des Moines, IA 50315		100.00	<input type="checkbox"/>
11/13/07	ID# CK#	Lydia W. Halbach 1201 N. 3rd Street Clinton, IA 52732		25.00	<input type="checkbox"/>
11/13/07	ID# CK#	Robert Bobbie J. Dalton 704 Eclipse Lane Clinton, IA 52732		100.00	<input type="checkbox"/>
11/13/07	ID# CK#	Phillip L. Carstensen 747 11th Avenue South Clinton, IA 52732		100.00	<input type="checkbox"/>
11/13/07	ID# CK#	Donald E. Roode 756 7th Avenue South Clinton, IA 52732		25.00	<input type="checkbox"/>
11/13/07	ID# CK#	Jack C. Pringle 712 N. 13th Street Clinton, IA 52732		25.00	<input type="checkbox"/>

SUB-TOTAL

\$ 925.00

TOTAL (If last page of this schedule)

\$

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Van Lancker for Auditor

SCHEDULE**A**

(Rev. 07/03)

MONEY RECEIPTS☐ CHECK THIS BOX IF AMENDING FORM

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/21/07	ID# CK#	Benjamin Wright 2536 270th Street De Witt, IA 52742		\$ 50.00	<input type="checkbox"/>
11/21/07	ID# CK#	Steven B. Maddie 721 Sorensen Lane Clinton, IA 52732		25.00	<input type="checkbox"/>
11/21/07	ID# CK#	Phyllis L. Warren Phyllis L. Warren 1114 N. 4th Street Clinton, IA 52732		25.00	<input type="checkbox"/>
11/21/07	ID# CK#	June M. Cruthis June M. Cruthis 629 12th Avenue North Clinton, IA 52732		25.00	<input type="checkbox"/>
11/21/07	ID# CK#	Cathy Crosser Cathy Crosser 3836 Eagle Heights Drive Clinton, IA 52732		25.00	<input type="checkbox"/>
11/21/07	ID# CK#	Richard A. O'Leary 1008 Brian Cliff Lane Clinton, IA 52732		50.00	<input type="checkbox"/>
11/21/07	ID# CK#	Ronald J. Mellicott 1104 2nd Avenue South Clinton, IA 52732		25.00	<input type="checkbox"/>
11/21/07	ID# CK#	Kristi A. Davis 2930 Roosevelt Street Clinton, IA 52732		25.00	<input type="checkbox"/>
11/21/07	ID# CK#	Sarah Raaymakers 1626 12th Avenue South Clinton, IA 52732		25.00	<input type="checkbox"/>
11/21/07	ID# CK#	Kelly M. Larkey 1019 Pershing Blvd. Clinton, IA 52732		25.00	<input type="checkbox"/>
SUB-TOTAL				\$ 300.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Van Lancker For Auditor

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
11/21/07	ID# CK#	Terese Yegge Teresa Yegge 2903 262nd Street DeWitt, IA 52742		\$ 100.00	<input type="checkbox"/>
11/21/07	ID# CK#	Mary Staszewski 327 6th Avenue North Clinton, IA 52732		50.00	<input type="checkbox"/>
11/21/07	ID# CK#	Mark A. Ebersberger 2022 N. 7th Street Clinton, IA 52732		25.00	<input type="checkbox"/>
11/21/07	ID# CK#	Mary A. Swanson 718 Surrey Court Clinton, IA 52732		25.00	<input type="checkbox"/>
11/21/07	ID# CK#	David J. Hellscher 520 Breezy Point Drive, Apt. 2 Clinton, IA 52732		50.00	<input type="checkbox"/>
11/21/07	ID# CK#	Kathleen A. Klahn 1414 Rosehill Camanche, IA 52730		25.00	<input type="checkbox"/>
11/21/07	ID# CK#	Brenda J. Thornton 1470 Main Avenue Clinton, IA 52732		25.00	<input type="checkbox"/>
11/21/07	ID# CK#	Jennifer Ricker 1114 Collie Drive Clinton, IA 52732		50.00	<input type="checkbox"/>
11/30/07	ID# CK#	Sonja Young 820 6th Avenue South Clinton, IA 52732	Mother-in-law	50.00	<input type="checkbox"/>
11/30/07	ID# CK#	Richard S. Lincoln 1024 Springbrook Lane DeWitt, IA 52742		75.00	<input type="checkbox"/>
SUB-TOTAL				\$ 475.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Van Lancker for Auditor

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
11/30/07	ID# CK#	Diane L. Bolte 827 Gateway #12 Clinton, IA 52732		\$ 50.00	<input type="checkbox"/>
11/30/07	ID# CK#	Mark D. Mallicoat 1019 8th Avenue North Clinton, IA 52732		50.00	<input type="checkbox"/>
11/30/07	ID# CK#	Richard Ross Box 243 Epworth, IA 52045		100.00	<input type="checkbox"/>
11/30/07	ID# CK#	Paul A. Schnack 109 12th Avenue De Witt, IA 52742		25.00	<input type="checkbox"/>
11/30/07	ID# CK#	Debby Marion 325 12th Avenue North Clinton, IA 52732		100.00	<input type="checkbox"/>
11/30/07	ID# CK#	Michael E. Jones 1300 S. 9th Street Clinton, IA 52732		25.00	<input type="checkbox"/>
11/30/07	ID# CK#	Ted Schulte 411 16th Avenue North Clinton, IA 52732		25.00	<input type="checkbox"/>
11/30/07	ID# CK#	Daniel Birdsley 260 11th Avenue South Clinton, IA 52732		100.00	<input type="checkbox"/>
11/30/07	ID# CK#	Jason S. Neises 1020 Washington Blvd. Oak Park, IL 60302		100.00	<input type="checkbox"/>
12/14/07	ID# CK#	Clyde E. Bradley 315 33rd Avenue North Clinton, IA 52732		50.00	<input type="checkbox"/>
SUB-TOTAL				\$ 625.00	
TOTAL (if last page of this schedule)				\$	

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(for Schedule A)

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Van Lancker for Auditor

SCHEDULE A (Rev. 07/03)	MONEY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	IF FOR FUND-RAISER INCOME
12/14/07	ID# CK#	Joe Leonard Stacy 413 South 2nd Street Clinton, IA 52732		\$ 25.00	<input type="checkbox"/>
12/14/07	ID# CK#	Roberta M. Abbott 567 10th Avenue South Clinton, IA 52732		25.00	<input type="checkbox"/>
12/14/07	ID# CK#	Mary L. Sally Johnson 620 Kenilworth Court Clinton, IA 52732		50.00	<input type="checkbox"/>
12/14/07	ID# CK#	Beth A. Brandt 333 S. 18th Street Clinton, IA 52732		25.00	<input type="checkbox"/>
12/14/07	ID# CK#	Patrick E. Johnson 1800 E. Deer Creek Road Clinton, IA 52732		100.00	<input type="checkbox"/>
12/14/07	ID# CK#	Edward T. Sanderson 1849 442nd Avenue Clinton, IA 52732		50.00	<input type="checkbox"/>
12/14/07	ID# CK#	Robert E. Savage 134 Raven Street Iowa City, IA 52245		25.00	<input type="checkbox"/>
12/14/07	ID# CK#	Ruben G. Arsate 611 Brookland Park Iowa City, IA 52246		50.00	<input type="checkbox"/>
12/28/07	ID# CK#	Julie A. Allessee 3415 Valley Oaks Drive Clinton, IA 52732		25.00	<input type="checkbox"/>
12/28/07	ID# CK#	Wesley Smith Golden 906 6th Avenue South Clinton, IA 52732		100.00	<input type="checkbox"/>
SUB-TOTAL				\$ 475.00	
TOTAL (if last page of this schedule)				\$	

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For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)

Van Lancker for And: for

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
12/28/07	ID# CK#	Phyllis McLaughlin 1018 N. 13th Street Clinton, IA 52732		\$ 25.00	<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 25.00	
TOTAL (If last page of this schedule)				\$ 2,825.00	

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Page 6 of 6
(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Van Lancker for Auditor

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
11/5/07	ID# CK#	U.S. Postal Service	Stamps	\$ 82.00
11/20/07	ID# CK#	U.S. Postal Service	Stamps	20.50
11/23/07	ID# CK#	Clinton Printing Co. Inc. 1402 Roosevelt Street Clinton, IA 52732	Envelopes and Letterhead	444.05
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
	ID# CK#			
SUB-TOTAL				\$ 546.55
TOTAL (If last page of this schedule)				\$ 546.55

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

Page 1 of 1

(for Schedule B)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Van Lancker for Auditor

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 0.00

PART 1 - MONETARY LOANS RECEIVED THIS REPORTING PERIOD

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT OF LOAN
10/18/07	Eric W. Van Lancker 1334 7th Street N.W. Clinton, IA 52732	Self	\$ 500.00

TOTAL (PART 1) \$ 500.00

PART 2 - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD

(Loans forgiven must be reported on Schedule E - In-Kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAYED
			\$

TOTAL CASH REPAYMENTS (PART 2) \$ 0.00

From Schedule E - TOTAL LOANS FORGIVEN \$ 0.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD \$ 500.00

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SCHEDULE F (Rev. 07/03)	LOANS RECEIVED & REPAYED
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	



Page 1 of 1
(for Schedule F)